

ASS. REC. BY:

REF:

C721

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

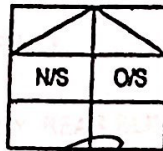
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1 1/2 days

Res.: Yes or No

Lum Sum:

1. B. 1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHF 585C

Yr Regn:

11, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M.P. White 1st

A/C:

Insured / Std / NI / NA

Sp. Reading

42081

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F4903092707

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / ORTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

22/5/21

D.O.I.

23/5/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BL

8900.40

Special Note

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fines

Others

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHF585C**AAD2105-105***Not Notified
Recovery B4 pain**8900.40*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHF585C

JTDKB3FU903092707

TOYOTA

PRIUS GEN 4

22/05/2021

Chinan

13/11/2020

PART**LIST**

1	COVER, REAR BUMPER	\$	<i>nn</i>	485.60	X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	<i>Bt</i>	332.70	<i>✓</i>
1	GUARD, REAR BUMPER, CENTER	\$	<i>ndt wt</i>	374.50	<i>✓</i>
1	COVER, REAR BUMPER, LOWER	\$	<i>sn</i>	22.00	X
1	RETAINER, REAR BUMPER SIDE, LH	\$	<i>sn</i>	132.60	X
1	RETAINER, REAR BUMPER SIDE, RH	\$	<i>sn</i>	132.60	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	<i>nn</i>	651.00	X
1	COVER, DECK TRIM, REAR	\$	<i>sn</i>	126.70	X
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	<i>sn</i>	241.90	X
1	COVER, FLOOR UNDER, NO.1 (LH)	\$	<i>sn</i>	175.10	X
1	COVER, REAR FLOOR (CTR)	\$	<i>sn</i>	229.90	X

TOTAL \$ 2,904.60**25% \$ 726.15****\$ 2,178.45****Special Nett**

1SET PARKING AID	\$	<i>sn</i>	700.00	X
1SET REAR BUMPER CLIP	\$	<i>nn</i>	85.00	X
1 REAR FLOOR UNDERCOVER CLIP	\$	<i>nn</i>	180.00	X
1 REAR SPOILER CLIP	\$	<i>nn</i>	70.00	X
1 BUMPER CENTRE GUARD CLIP	\$	<i>nn</i>	80.00	X
1 REAR BUMPER PROTECTOR	\$	<i>nn</i>	180.00	X
1 REAR BUMPER RETAINER CLIP	\$	<i>nn</i>	75.00	X
TOTAL	\$		1,370.00	

Trans-cab Auto Services Pte Ltd

AAD2105-105

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHF585C

TOTAL PARTS \$ **3,548.45****LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ *na* 240.00 *X*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *na* 380.00 *X*

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 1,600.00 *1501*

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ *na* 380.00 *X*

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 *2201*

To Remove And Refit Rear Big & Small W/Screen Glass To Facilitate Bodywork Repair.

\$ *na* 300.00 *X*

To reinstall rear bumper parking sensor.

\$ *na* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ *na* 170.00 *X***TOTAL** \$ **4,840.00****Over All Total** \$ **8,388.45****(PART-BY-PART) Repair Days***10 Days**1 1/2 day***LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	24/05/2021 08:27 (SGT)
Date of Accident	22/05/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF585C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1767

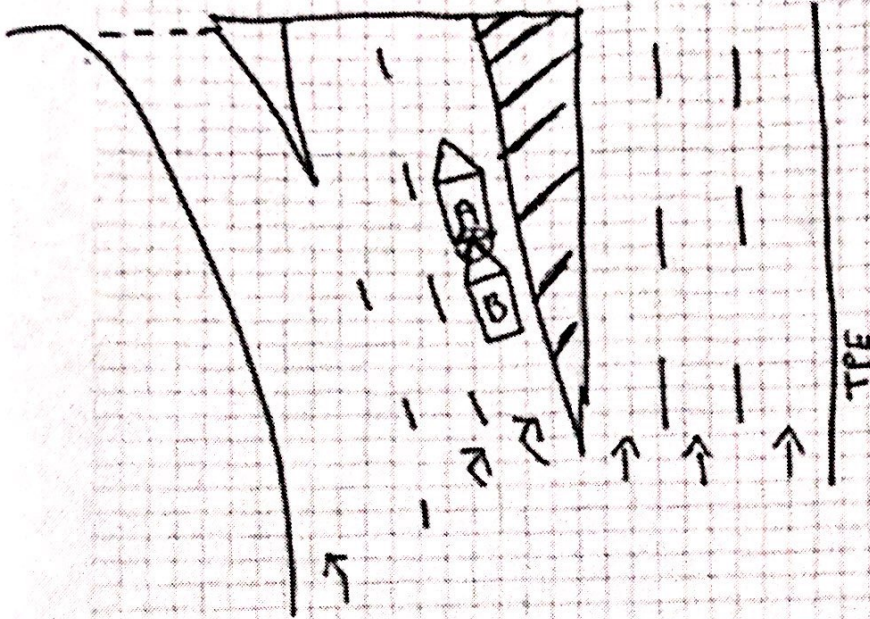
INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	NELSON NG PENG SHEAN
NRIC No	SXXXX123G

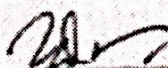
ACCIDENT DIAGRAM



Vehicle A: SHF585C
Vehicle B: SJT7130M.

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NBC/FIN No.:



**SINGAPORE
POLICE FORCE**



1/202105/22/2010

1 of 3

Report No: 1/202105/22/2010

Police Station Of Origin
Paya Lebar NIP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2809999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2021 21:51	Video Report No.:	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: NELSON NG PENG SHEAN		Address: APT BLK 290B COMPASSVALE CRESCENT #05-48 SINGAPORE 542290	
ID Type / ID No.: NRIC NO / S1738123G		Contact No.: Home/Office: Mobile: 97922907	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 03/09/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TRANSCAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2021 16:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 10.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF585C	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red		1
SJT7130M	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2869999

CONTINUATION OF REPORT

Driver Name	NELSON NG PENG SHEAN	ID No.	S1738123G
Related Vehicle	SHF585C (Car)	Contact No.	97922907
Hospital/Clinic	NORTHEAST MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2021	Date Discharge	22/05/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	ONG	ID No.	NIL
Related Vehicle	SJT7130M (Car)	Contact No.	94376814
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/05/2021 at about 1615hrs, I was driving my Transcab(Registration No. SHF585C) when I exited TPE wanting to turn right to Tampines Avenue 10 on the 1st lane(Right Lane) of the 3lanes straight road when my Transcab is stationary due to traffic. Suddenly another car(Registration No. SJT7130M) collided onto my car's rear resulting in scratch damages. I suffered impact on my back area. We then alighted from our vehicle to inspect the damages, exchange contact, agree on Insurance Claim and left location. There is dashcamera in my car facing front.

I later went to Northeast Medical Group and has 3days of MC, therefore lodging this Traffic Accident report.